

## Charles Berman, Receiver of Taxes Town of North Hempstead PO Box 3001, Manhasset, NY 11030

Tel: 516-869-7800 ◆ Fax: 516-869-7629 www.northhempsteadny.gov

## **CHANGE FORM**

Please return this completed form as soon as possible so we may update our records.

Property Address: (Tax Map Number ✔)	Street			City		ZIP Code
School District	Section	Block	Lot	[CA Buildin		Unit
OWNER INFORM	<u>ATION:</u>			For Condos Only		
Owner Name(s) [As it	appears on	the deed]				
Company Name (If ap	oplicable)					
Address (If different t	than propert	ty address)		Apartment,	Suite or	Unit Number
City				State		ZIP Code
( )		( )		( )		
Telephone (Home)		Cell Phone		Telephone (Busine		Extension
					Sid	gn Me Up For
Email Address.						
TAXES WILL BE		□Above Taxpa		Bank/Mortgage Comp	□ Em	rail Tax Alerts  Third-Party
TAXES WILL BE	PAID BY:	□Above Taxpa			□ Em	Third-Party (If applicable)
Name Address (Where Tax	PAID BY:	□Above Taxpa		Bank/Mortgage Compa  Mortgage/Loan  Attention (If app	□ Em	Third-Party (If applicable)
TAXES WILL BE	PAID BY: Bills should	□ Above Taxpa be mailed)	ayer 🗆 I	Bank/Mortgage Compa  Mortgage/Loan  Attention (If app	any D	Third-Party (If applicable)
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TAXES WILL BE I	PAID BY: Bills should	□ Above Taxpa be mailed)	ayer 🗆 l	Bank/Mortgage Composition  Mortgage/Loan  Attention (If app  State  Mortgage Satisfied	any D	Third-Party (If applicable)
TAXES WILL BE  Name  Address (Where Tax  City  REASON FOR CH  Other (specify)	PAID BY: Bills should	□ Above Taxpa be mailed) □ New Owner	ayer 🗆 l	Bank/Mortgage Composition  Mortgage/Loan  Attention (If app  State  Mortgage Satisfied	□ Em	Third-Party (If applicable)
TAXES WILL BE  Name  Address (Where Tax  City  REASON FOR CH  Other (specify)  Signature(s)	PAID BY: Bills should	be mailed)  New Owner	ayer	Bank/Mortgage Composition  Mortgage/Loan  Attention (If app  State  Mortgage Satisfied	Any Dicable)	Third-Party (If applicable)  ZIP Code Refinanced
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TAXES WILL BE  Name  Address (Where Tax  City  REASON FOR CH  Other (specify)  Signature(s)  ***********************************	PAID BY:  Bills should  HANGE:	□ Above Taxpa be mailed) □ New Owner  ***********************************	ayer	State Mortgage Satisfied  Date  The state of	Any Cany Cany Cany Cany Cany Cany Cany Ca	Third-Party (If applicable)  ZIP Code Refinanced
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TAXES WILL BE  Name  Address (Where Tax  City  REASON FOR CH  Other (specify)  Signature(s)  ***********************************	PAID BY:  Bills should  HANGE:  Date:  Mail  Mailed	be mailed)  New Owner  For Off	******** fice Use O calk-in	State  Mortgage Compa  Mortgage/Loan  Attention (If app  State  Mortgage Satisfied  Dat  *********************************	Any Cany Cany Cany Cany Cany Cany Cany Ca	Third-Party (If applicable)  ZIP Code Refinanced  /